

California Department of Corrections and Rehabilitation's

Office of Audits and Compliance



Follow-Up Corrective Action Plan

California Correctional Institution

December 2009

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California Correctional Institution
CORRECTIVE ACTION PLAN
Business Services

Institution's Acronym: CCI

Peer Review Start and End Dates: June 1-12, 2009

Division, Department or Facility (if applicable):

| ITEM # | REVIEW FINDING | RESPONSIBLE PERSONNEL | ACTION TAKEN/PROPOSED ACTION | COMPLETION DATE | Follow-Up |
|---------------|---|---|---|--------------------|--|
| | FOOD SERVICES | | | | |
| Page 7, IV, D | Not all equipment located in Food Services is tagged with a property tag. | Property Controller/Food Services Mangers | The CFM and ACFM shall ensure all new Major and Non-Major Equipment Purchased for Food Services is tagged with a property tag. | Projected 11/30/09 | Not Rated |
| Page 13, VII | 75 percent of the employees within Food Services did not receive sufficient training | CFM-I / ACFM | All Food Services employees are tracked with in food services for required annually block training and weekly OJT is forwarded to IST for inclusion in training file. | Projected 11/30/09 | Partial Compliance - IST training files were reviewed and four of the five food services employees had not received the sufficient training. |
| | PERSONNEL, CLASSIFICATION AND PAY | | | | |
| Page 1, I, A | Probationary Reports and Individual Development Plans-(IDPs) are not always prepared by supervisors and managers in a timely manner. The Audits Branch Sampled 366 employees, of which 292 did not receive their IDP or Probationary report in a timely manner. | Susan Palmer, IPO | Probationary reports and IDPs are assembled on a monthly basis in the Personnel Office and forwarded with a cover memorandum to the appropriate Department Head for distribution and completion within their area. The Health Care Manager and Supervising Nurse III are supplied with a Monthly Overdue/Outstanding Evaluation Report. The Warden and Operations Captain are supplied with a Correctional Officer Apprentice report listing overdue COPAS reports. | Complete 7/30/09 | Non Compliance - The CAP was implemented; however, the July through November 2009 Overdue/ Outstanding Evaluation Reports were reviewed and there was no improvement (i.e., 796 reports overdue). |

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| Page 5, IV, A, 1 | | Personnel Transactions – Accounts Receivables (AR) over 90 days are not resolved in a timely manner. Based on the aging report dated February 13, 2009, there are 520 outstanding ARs totaling \$151,860, of which, 45 had insufficient action. | Susan Palmer, IPO | Regional Accounting has provided Personnel with a monthly Monarch Report of the outstanding ARs over 90 days old. This has enabled us to monitor through BIS, the Monarch is no longer being provided. Personnel is developing a method for one person to monitor and identify all ARs before they reach the 90 day mark as a resolution to this issue. Personnel are also reviewing the AR establishment and collection process with the Personnel Specialists as outlined in the SAM as well the Accounting Information memo 99-09. Specialists are completing their AR logs, rule and processes in establishing ARs, and collection of ARs from active and separated employees. | Projected 11/30/09 | Partial Compliance - The October 7, 2009 CCI Outstanding Item Report was reviewed and action is taken; however, not all ARs over 90 days have been resolved. Additionally, quantifying ARs over 90 days is difficult. |
| Page VII, IV, B | | Personnel Transactions – Three retired annuitants' files were reviewed. Two of the three files are incomplete. One file is missing the checklist/approval, the internal affairs form, the T.B. clearance, and the essential functions form. The second file is missing all forms for the 2007 and 2008. Impact: This condition results in difficulties determining that if retired annuitants are properly approved and appointed. | Susan Palmer, IPO | All Retired Annuitant hire package documents are kept with the Form 647, Request for Personnel Action, at the Position Control desk in a rolling file with all other hire documents. This location has been used to retrieve any information on a Retired Annuitant's hire. However, in compliance with this audit finding, a check sheet was developed and distributed to the Personnel Specialists that lists which hiring documents must be filed in the Personnel File. Training was given to Personnel staff using the June 3, 2009 memorandum from Debbie Longcrier, BMII and the July 27, 2009 memorandum from S. Palmer, IPO and N. Smith, PSII. This new procedure will be verified by reviewing the OPF's of several recently hired Retired Annuitants. | Projected 11/30/09 | Compliance |

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| Page 6, IV, B, 2 | | IWSP – There are several deficiencies related to employees receiving Inmate Worker Supervision Pay (IWSP). Of the 37 employees reviewed, 15 did not meet the IWSP criteria which resulted in overpayments. All files reviewed were missing verification of medical clearance, supervisory verification of hours and inmate duty statements. As of June 11, 2009, ARs have not been established. | Susan Palmer, IPO | CCI has taken several of these employees off IWSP. A current review is in process that will complete identifying those employees who do not meet the Pay Differential requirement, and those who will require ARs. Personnel Officers received direction from Carol Tamai on May 5, 2009, to hold any collections at this time as the Offices of Labor Relations (OLR) and Human Resources (HR) have agreed to delay the collection of ARs until further discussion with the Department of Personnel Administration (DPA) can take place. The issue of the verification of documents not being in the Official Personnel File (OPF) is because CCI does not keep these documents in the OPF. Medical clearances are kept in the Medical Department; supervisory verification of hours (to date) and Inmate duty statements are not kept in Personnel. A form has been developed that will be utilized by supervisors over employees receiving IWSP to verify on a monthly basis that the criteria was met for the additional pay. This form will be submitted with the 998A. | Projected 11/30/09 | Compliance |
| Page 13, VII | | Staff in areas of Procurement, Plant Operations, Food Services and Personnel did not meet the training hours required within a 12 month period as stated in DOM. | M. Carrasco, Associate Warden | Personnel Department is diligent in scheduling staff for Block Training. Training Records were obtained for all Personnel staff from IST. These reports verify that all Personnel staff has attended Block Training. Supervisors will review IST reports on a monthly basis to ensure compliance. | Projected 11/30/09 | Partial Compliance - IST training files were reviewed and four of the five food services employees, two of four personnel employees, and one plant operations employee had not received the sufficient training. |

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| | | PLANT OPERATIONS | | | | |
| VII, E, V | | Plant Operations Procedure Manual (POMP) is not adequately maintained. Preventative Maintenance Section and Operational Procedures are not up to date. Confined Space procedure is not approved. Respiratory Protection procedure is not approved. Lock Out Tag Out procedure is not approved. No written fall protection plan. | CPM II, OT(T) | Information for this book is continually flowing in and placed into use. This procedure will be reviewed annually. Place Preventative Maintenance portion in the POPM after it has been signed by AWBS. Submit Confined Space, Respiratory Program, and Lock Out Tag Out procedures to the AWBS for approval signatures. After all signatures are completed and inserted into the POPM. This procedure will be current and will be updated annually. CPM II to obtain fall protection plan procedure from Fire Chief and insert into the POPM. | Projected 11/30/09 | Partial Compliance - The Respiratory Protection and Lock Out Tag Out procedures have not been approved. |
| Page 8, E, 2 | | Testing and maintenance to Emergency Generators is not adequately documented. Logs do not reconcile to SAPMS database. | CPM II, Chief Engineer, Electrician III | The log books are present at each generator, and staff has been directed to sign weekly for LEF, and monthly for main generator. Load Banks were conducted the week of June 22, 2009. The generator located at the SAB has been tested and logged. Reconcile all log books to the SAPMS database to reflect the testing dates to match PM. | Projected 11/30/09 | Not Rated |
| Page 9, E, 4 | | Not all equipment is clearly identified with a SAPMS tag. A complete inventory of equipment is not maintained in the SAPMS database. Parts, Materials, and Labor required to perform PM is not always tracked. | CPM II, Chief Engineer, Electrician III | All staff will immediately take asset tags to their respective areas and label correctly. They will also list all items associated with a proper PM from the operator's manual. Once the field staff properly tags all the assets the Staff Services Analyst will maintain an accurate database. Training is ongoing to all staff to correctly capture all activities including cost associated with the work order. New Facilities Maintenance Branch OP will be completed with a ledger and work orders attached to it. The Unit supervisors will review the ledger and ensure parts and materials are captured before entered into the SAPMS program. | Projected 11/30/09 | Not Rated |
| Page VI, II, A | | Code of Safe Practices and hazard evaluations are not maintained at each Facility. A daily perpetual inventory of chemicals is not conducted and maintained in the Plant Operations shops. | CPM II, All Supervisors | Copies of Code of Safe Practices can be found in Plant Operations and Waste Water Treatment Plant. There will be copies of each specific trade in place in each individual Plant Operations staff to review. Supervisors will verify location during inspections. Staff will be trained on perpetual inventories of chemicals and will inventory them on a daily basis in the same manner tools are inventoried. Inventory sheets were given to staff at 6-17-09 staff meeting. | Projected 11/30/09 | Not Rated |

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| Page 10, E, 5 | | There are deficiencies related to the cross connection program (i.e. backflow devices). No master list which identifies location, serial number, manufacturer. There is no testing schedule for 2008 and 2009. Certified backflow assembly tester does not complete the test. | CPM II, Plumber III, Supervisor of Building Trades | The Plumber III will create a master list in addition to placing the asset numbers on a plot plan that indicates where each backflow device is located with the serial number and manufacturer. The Plumber III will establish and maintain a testing schedule for all backflow devices at CCI. CCI disputes this finding regarding the certification of the backflow assembly tester. CCI has three Plumbers who have been trained and they possess certificates that are valid. These certificates were made available to the audit team. | Projected 11/30/09 | Not Rated |
| Page 8, E, 1 | | Plant Operations Activity Report (POM) is inaccurate. During the period reviewed total hours were overstated by 10,000 hours and 28,000 hours were categorized as non shop duties but the audit branch could not determine what the hours are for. | CPM II, SSA | Initial assessment indicates there are duplicate work orders in the system, and staff time may have been captured in "other hours" instead of the proper database. CCI will begin implementation of the FMD OP, which will eliminate duplicates, and phone calls directly into the satellite shops. CCI fax machines will be taken out of the shops, and supervisors will distribute the work orders to staff directly, as well as receive them back for input. | Projected 11/30/09 | Not Rated |
| Page 11, E, 6 | | PM's of heating, ventilation, and air conditioning (HVAC) is inadequate in accordance to CCI's PM schedule. | CPM II, All Supervisors | CCI has eliminated all weekend coverage and assigned a supervisor to the PM team. We are relocating the staff to Unit I and will be monitoring the PM system closely. | Projected 11/30/09 | Not Rated |
| Page 9, E, 3 | | Equipment Maintenance Data Summary Sheets (EMDSS) are not always prepared when a new item of equipment is installed. | CPM II, All Supervisors | Training is ongoing to staff to provide the asset tag to new equipment as well as return the old tag to delete the asset from the database. Staff will continue to be trained on the Equipment Maintenance Data Summary Sheets process, as well as completing the information on the PM indicating what changes are necessary to the task. | Projected 11/30/09 | Not Rated |
| Page IX, VI | | It does not appear that all Stationary Engineers who reclaim refrigerants have been certified and trained by the California Environmental Protection Agency (CalEPA) to perform maintenance, repair and disposal of refrigerants. We received two certifications but there are eight to ten stationary engineers who may perform the task. | CPM II, AWBS, CBM II | This is a statewide issue, as the SPB job specifications do not require an CalEPA disposal of refrigerants certificate. Therefore, CCI can not force staff to obtain the licensing. This issue is a State-wide issue and CCI's Management and the Auditors will bring it to the attention of CDCR Management and SPB to correct the situation. | Projected 11/30/09 | Not Rated |

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| Page 13, VII | | Staff in area of Plant Operations did not meet the training hours required within a 12 month period as stated in DOM. Supervisor in Plant Operations did not received tool control, hazardous materials, confined space and respiratory training. | CPM II, All Supervisors | Supervisor have been instructed to ensure that all staff, including themselves receiving the necessary training and attend all mandated IST Training. | Projected 11/30/09 | Partial Compliance - IST training files were reviewed and four of the five food services employees, two of four personnel employees, and one plant operations employee had not received the sufficient training. |
| | | PROCUREMENT | | | | |
| Page 4, III, B. | | Access to the support warehouse is not adequately controlled. For example, the warehouse does not maintain an access log that identifies the vendors and individuals. Also the log does not indicate the time and date that the vendors and individuals entered into and exited the warehouse. | S. McKay, PSO-II | A visitor sign in log was developed and is currently in use requiring all personnel and vendors that enter the warehouse to sign in indicating the time and date. All warehouse staff have completed training on the requirement to have all visitors sign in and out. Visitors sign in sheets will be archived in accordance with approved records retention schedule. | Projected 11/30/09 | Not Rated |
| Page 13, VII | | Staff in areas of Procurement, Plant Operation, Food Services, and Personnel did not meet the training hours required within a 12 month period as started in DOM. | S.McKay, POS-II | The PSO-II/Warehouse Manager II shall ensure all procurement area employees are tracked within the procurement office for required block training and weekly OJT is forwarded to IST for inclusion in training file. | Projected 11/30/09 | Procurement area was not rated. |
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| | | TRUST OPERATIONS | | | | |
| Page 7, IV, C, 2 | | 22 checks maintained in the Trust Office were classified as undeliverable and should have been cancelled and/or forwarded to the State Controllers Office. Specifically, there are 3 salary warrants in which the oldest dates back to January 2007 and 18 agency checks in which the oldest dates back to February 2006. Checks were over a year old and could not be cashed. This could result in loss of interest income to the state. | Cecilia Rhoades, Accounting Officer, Supervisor | All 22 checks were sent to SCO to redeposit into the general fund, along with a memo stating to why they were being returned. This was done in accordance with SAM 8281. Procedures have been put in place so that staff will verify each others work, so that possible errors are found. Supervisors will also ensure procedures have been followed, by doing a random inspection of staffs work. | Projected 11/30/09 | Not Rated |
| Page 6, IV C 1 | | Spoiled, voided and cancelled checks are not properly mutilated to prevent their misuse per the provision of SAM 8041. This condition could result in the misuse of checks and could also result in the late detection of theft. | Cecilia Rhoades, Accounting Officer, Supervisor | Procedure has been put in place to prevent misuse of voided checks. Staff will stamp or write in ink the word "void" across the face of such checks. Staff will also cut, tear off, or block out completely the signature portion of these checks unless they are voided for specimen purposes. All copies of voided checks will be retained for audit except those used as specimen checks. A log will be maintained for records with the disposition of specimen checks. Such records will be signed by an employee other than the one that is authorized to sign checks. See SAM section 1750 for disposal of check stock. | Projected 11/30/09 | Not Rated |
| Page 3, III, A | | Internal controls over the distribution of salary warrants are inadequate and not standardized. Accounting does not have a process of determining that the person distributing payroll warrants do not handle personnel related documents which is prohibited, based on the revision of SAM and DOM. This condition could result in late detection or errors, irregularities, theft and/or misappropriation. | Cecilia Rhoades, Accounting Officer, Supervisor | A memo was developed to be utilized by all the departments that pick up group checks at CCI. See Operation Manual 31155.6.1 and SAM 8080. | Projected 11/30/09 | Not Rated |

California Correctional Institution
CORRECTIVE ACTION PLAN
Administrative Segregation

Institution's Acronym: CCI

Peer Review Start and End Dates: June 1-12, 2009

Division, Department or Facility (if applicable):

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| | | | | | | |
| | | ADMINISTRATIVE SEGREGATION | | | | |
| | | | | | | |
| 1,17,d (IVA) | IVA | The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff. The review revealed that in a random sample of 28 CDC 114-A1's, 10 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 18 ratable CDC 114-A1's reviewed, 11(61percent) were updated as appropriate. The 7 remaining CDC 114-A1's were not updated. | M. Bryant, Facility Captain | Provide Training to Lieutenants, Sergeants, and Officers assigned to Administrative Segregation regarding the requirement to update the CDC 114-A1 at a minimum of every 90 days. Prepare Post Order Addendum for each Floor Officer and Sergeant Position assigning responsibility for the updating each CDC 114-A1 at least every 90 days, or when the document becomes illegible. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 8/20/09 | Compliance |
| 1,17,d (II) | II | The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff. The review revealed that in a random sample of 28 CDC 114-A1's, 10 were not ratable as the inmate had not been on Ad Seg status for a period of time long enough to require a 90-day update. Of the 18 ratable CDC 114-A1's reviewed, 11(61percent) were updated as appropriate. The 7 remaining CDC 114-A1's were not updated. | J. Hill, Facility Captain | Provide Training to Lieutenants, Sergeants, and Officers assigned to Administrative Segregation regarding the requirement to update the CDC 114-A1 at a minimum of every 90 days. Prepare Post Order Addendum for each Floor Officer and Sergeant Position assigning responsibility for the updating each CDC 114-A1 at least every 90 days, or when the document becomes illegible. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |

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| I, 17,b (CDW I) | CDW Units I, II, III, & Ops | The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff. The review team examined a random sample of 28 CDC 114-A1's. Of the 28 CDC 114-A1's examined, 4 were not ratable as the inmate had not yet attended ICC. Of the 24 ratable CDC 114-A1's, 21 (88 percent) documented the inmate's current yard group designation. The 3 remaining CDC 114-A1's did not contain this information. | M. Stainer, Chief Deputy Warden, Units I, II, III, & Ops | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, CC-II, and Unit Lieutenants and ASU Sergeants regarding the expectation that the CDCR 114-A1 is updated to include the inmate's Yard Assignment at every ICC. Provide CDC 844s documenting the training, use training code B0010, Ad-Seg Procedures. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |
| I, 17,b (CDW A&B) | CDW Units IVA & IVB | The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff. The review team examined a random sample of 28 CDC 114-A1's. Of the 28 CDC 114-A1's examined, 4 were not ratable as the inmate had not yet attended ICC. Of the 24 ratable CDC 114-A1's, 21 (88 percent) documented the inmate's current yard group designation. The 3 remaining CDC 114-A1's did not contain this information. | K. Holland, Chief Deputy Warden, Units IVA & IVB | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, CC-II, Unit Lieutenants and ASU Sergeants regarding the expectation that the CDC114-A1 is updated to include the inmate's Yard Assignment at every ICC. Provide CDC 844s documenting the training, use training code B0010, Ad-Seg Procedures . Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 8/20/09 | Compliance |
| II, 6,a (CDW I) | CDW Units I, II, III, & Ops | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 26 (87 percent) contained documentation of the determination arrived at during the ICC on the CDC 128-G. Of the 4 remaining records, 3 contained a CDC 128-G that stated no SA was needed without explanation when the inmate was in the MHSDS and 1 record documented that the ICC was held in absentia, but the CDC 128-G quotes inmate statements regarding yard and cell status. | M. Stainer, Chief Deputy Warden, Unit I, II, III & Ops | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, CC-II's and CC-I's, regarding standards of preparing and reviewing CDC 128Gs, use training code B0040, Classification Training. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |

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| II, 6,a (CDW A&B) | CDW Units IVA & IVB | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 26 (87 percent) contained documentation of the determination arrived at during the ICC on the CDC 128-G. Of the 4 remaining records, 3 contained a CDC 128-G that stated no SA was needed without explanation when the inmate was in the MHSDS and 1 record documented that the ICC was held in absentia, but the CDC 128-G quotes inmate statements regarding yard and cell status. | K. Holland, Chief Deputy Warden Units IVA & IVB | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, CC-II's, and CC-I's, regarding standards of preparing and reviewing CDC 128Gs, use training code B0040, Classification Training. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 8/3/09 | Compliance |
| II,2 (CDW I) | CDW Units I, II, III, & Ops | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 13 (43 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. Of the 17 remaining records, 16 contained an unclear placement date on a reissued CDC 114-D and one record left the placement date box blank. | M. Stainer, Chief Deputy Warden Units I, II, III, & Ops | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenant's, and CC-II's, regarding preparation of CDCR 114D, Administrative Segregation Placement Orders, use training codes 0040, Classification Training. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |
| II,2 (CDW A&B) | CDW Units IVA & IVB | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 13 (43 percent) contained a clearly stated date and reason(s) for placement on the CDC 114-D. Of the 17 remaining records, 16 contained an unclear placement date on a reissued CDC 114-D and one record left the placement date box blank. | K. Holland, Chief Deputy Warden Units IVA & IVB | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding preparation of CDCR 114D, Administrative Segregation Placement orders, use training code B0040, Classification Training. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 7/29/09 | Compliance |

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| II,5 (CDW I) | CDW Units I, II, III, & Ops | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 23 (77 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 7 remaining records, 2 documented a late Captain's review (1-2days late), 2 records documented a late countersignature by an AW when the review was conducted by an acting Captain (1-3 days late), 1 record documented a late review by an acting Captain (1-9 days) with a late countersignature by an AW (1-21 days) and 1 record did not document a countersignature by an AW when the review was conducted by an acting Captain. | M. Stainer, Chief Deputy Warden Units I, II, III, & Ops | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding expectation of conducting Administrative Reviews within the first working day and counter sign when warranted, use training code B0010, Administrative Segregation Procedures. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |
| II,5 (CDW A&B) | CDW Units IVA & IVB | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 23 (77 percent) contained documentation of a placement review by a Captain within the first working day following the inmate's placement in Ad Seg. Of the 7 remaining records, 2 documented a late Captain's review (1-2days late), 2 records documented a late countersignature by an AW when the review was conducted by an acting Captain (1-3 days late), 1 record documented a late review by an acting Captain (1-9 days) with a late countersignature by an AW (1-21 days) and 1 record did not document a countersignature by an AW when the review was conducted by an acting Captain. | K. Holland, Chief Deputy Warden Units IVA & IVB | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding expectation of conducting Administrative Reviews within the first working day and counter signed when warranted, use training code B0010, Administrative Segregation Procedures. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 8/30/09 | Compliance |
| II,5,a (I) | CDW Units I, II, III, & Ops | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 25 (83 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 5 remaining records, 3 did not document the assignment of a SA when the inmate was in the MHSDS and 2 records left this section incomplete. | M. Stainer, Chief Deputy Warden Units I, II, III, & Ops | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding expectation to document determination for assignment of a SA/IE. Use training code B0070, Due Process. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |

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| II,5,a (A&B) | CDW Units IVA & IVB | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 25 (83 percent) contained documentation of a determination for the assignment of a SA/IE. Of the 5 remaining records, 3 did not document the assignment of a SA when the inmate was in the MHSDS and 2 records left this section incomplete. | K. Holland, Chief Deputy Warden Units IVA & IVB | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding expectation to document determination for assignment of a SA/IE. Use training code B0070, Due Process. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 8/30/09 | Compliance |
| II,5,b (I) | CDW Units I, II, III, & Ops | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 24 (80 percent) contained documentation regarding the need for witnesses. The 6 remaining records left this section blank. | M. Stainer, Chief Deputy Warden Units I, II, III, & Ops | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding expectation regarding the Due Process rights as they relate to witnesses. Use training code B0070, Due Process. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |
| II,5,b (A&B) | CDW Units IVA & IVB | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 24 (80 percent) contained documentation regarding the need for witnesses. The 6 remaining records left this section blank. | K. Holland, Chief Deputy Warden Units IVA & IVB | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding expectation regarding the Due Process rights as they relate to witnesses. Use training code B0070, Due Process. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 8/3/09 | Compliance |
| II,6,e (I) | CDW Units I, II, III, & Ops | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 25 were not rateable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 5 rateable records, 2 (40 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. Of the 3 remaining records, 2 did not document this information on the CDC 128-G and 1 record documented "no known concerns that warrant a SA" on the CDC 128-G when the inmate was in the MHSDS. | M. Stainer, Chief Deputy Warden Units I, II, III, & Ops | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding documenting eligibility criteria and expectation of assigning Staff Assistants and Investigative Employees throughout the Administrative Segregation Process. Use training code B0070, Due Process. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |

| ITEM # | | REVIEW FINDING | RESPONSIBLE PERSONNEL | ACTION TAKEN/PROPOSED ACTION | COMPLETION DATE | FOLLOW-UP REVIEW FINDINGS |
|--------------|-----------------------------|--|---|---|--------------------|---------------------------|
| II,6,e (A&B) | CDW Units IVA & IVB | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 25 were not rateable as the need for a SA/IE was properly documented on the CDC 114-D. Of the 5 rateable records, 2 (40 percent) documented the need for a SA/IE on the CDC 128-G when this information was not otherwise properly documented on the CDC 114-D. Of the 3 remaining records, 2 did not document this information on the CDC 128-G and 1 record documented "no known concerns that warrant a SA" on the CDC 128-G when the inmate was in the MHSDS. | K. Holland, Chief Deputy Warden Units IVA & IVB | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding documenting eligibility criteria and expectation of assigning Staff Assistants and Investigative Employees throughout the Administrative Segregation Process. Use training code B0070, Due Process. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 8/3/09 | Compliance |
| II,6,f (I) | CDW Units I, II, III, & Ops | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 24 were not rateable as the need for witnesses was properly documented on the CDC 114-D. Of the 6 rateable records, 2 (33 percent) contained information concerning the need for witnesses on the CDC 128-G when it was not otherwise properly documented on the CDC 114-D. The 4 remaining records did not contain this information on the CDC 128-G. | M. Stainer, Chief Deputy Warden Units I, II, III, & Ops | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding documenting eligibility criteria and expectation allowing witnesses, and the importance of the information contained in the CDC 128G and CDC-114D document do not conflict. Use training code B0070, Due Process. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Projected 11/30/09 | Compliance |
| II,6,f (A&B) | CDW Units IVA & IVB | The ACPRB review team examined 30 central files of inmates housed in CCI's Ad Seg units. Of the 30 records reviewed, 24 were not rateable as the need for witnesses was properly documented on the CDC 114-D. Of the 6 rateable records, 2 (33 percent) contained information concerning the need for witnesses on the CDC 128-G when it was not otherwise properly documented on the CDC 114-D. The 4 remaining records did not contain this information on the CDC 128-G. | K. Holland, Chief Deputy Warden Units IVA & IVB | Ensure Training is provided to Associate Wardens, C&PRs, Facility Captains, Custody Captains, Correctional Lieutenants, and CC-II's, regarding documenting eligibility criteria and expectation allowing witnesses, and the importance of the information contained in the CDC 128G and CDC-114D document do not conflict. Use training code B0070, Due Process. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain | Complete 8/3/09 | Compliance |

| ITEM # | | REVIEW FINDING | RESPONSIBLE PERSONNEL | ACTION TAKEN/PROPOSED ACTION | COMPLETION DATE | FOLLOW-UP REVIEW FINDINGS |
|--------------|-----|--|-----------------------------|--|--------------------|---------------------------|
| III, 6 (II) | = | The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff. The review revealed there are 110 identified staff that are assigned to 53 Ad Seg unit posts. Of the 127 required signatures, 64 (50 percent) were present acknowledging the understanding of the post orders. | J. Hill, Facility Captain | Set expectation that supervisors contact each officer assigned to each post under their supervision, daily, to ensure each staff member has read and understands their assignment. Provide training to supervisors regarding the expectation to ensure that all staff assuming posts have read their post orders and have signed the 1860. and ensure the expectation is clearly documented in each supervisor's Post Order. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain. Submit a copy of the CDCR 844 (IST Training sheet with memorandum) original CDC 844 to IST. Use B Code B0143. | Projected 11/30/09 | Compliance |
| III, 6 (IVA) | IVA | The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff. The review revealed there are 110 identified staff that are assigned to 53 Ad Seg unit posts. Of the 127 required signatures, 64 (50 percent) were present acknowledging the understanding of the post orders. | M. Bryant, Facility Captain | Set expectation that supervisors contact each officer assigned to each post under their supervision, daily, to ensure each staff member has read and understands their assignment. Provide training to supervisors regarding the expectation to ensure that all staff assuming posts have read their post orders and have signed the 1860. and ensure the expectation is clearly documented in each supervisor's Post Order. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain. Submit a copy of the CDCR 844 (IST Training sheet with memorandum) original CDC 844 to IST. Use B Code B0143. | Projected 11/30/09 | Compliance |

| ITEM # | | REVIEW FINDING | RESPONSIBLE PERSONNEL | ACTION TAKEN/PROPOSED ACTION | COMPLETION DATE | FOLLOW-UP REVIEW FINDINGS |
|-------------|-----|--|-----------------------------|---|--------------------|---------------------------|
| III,1 (II) | = | The ACPRB review team interviewed In-Service Training Staff and examined the training records of all Ad Seg staff assigned to the unit for one year or more. The review revealed that 58 custody staff members have been assigned to the Ad Seg units for one year or more. These 58 staff members are each required to take 11 specialized training classes. Of the 638 required classes, 454 (71 percent) have been completed. | J. Hill, Facility Captain | Set expectation that supervisors contact each officer permanently assigned to each post under their supervision to ensure each staff member completes the specialized training in a timely manner. Provide training to supervisors regarding the aforementioned expectation, and ensure the expectation is clearly documented each supervisor's Post Order as well as documenting in each Correctional Officer's Post Order, their responsibility to attend and complete the mandatory training. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain. Submit a copy of the CDCR 844 (IST Training sheet with memorandum) original CDC 844 to IST. Use B Code B0143 | Projected 11/30/09 | Compliance |
| III,1 (IVA) | IVA | The ACPRB review team interviewed In-Service Training Staff and examined the training records of all Ad Seg staff assigned to the unit for one year or more. The review revealed that 58 custody staff members have been assigned to the Ad Seg units for one year or more. These 58 staff members are each required to take 11 specialized training classes. Of the 638 required classes, 454 (71 percent) have been completed. | M. Bryant, Facility Captain | Set expectation that supervisors contact each officer permanently assigned to each post under their supervision to ensure each staff member completes the specialized training in a timely manner. Provide training to supervisors regarding the aforementioned expectation, and ensure the expectation is clearly documented each supervisor's Post Order as well as documenting in each Correctional Officer's Post Order, their responsibility to attend and complete the mandatory training. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain. Submit a copy of the CDCR 844 (IST Training sheet with memorandum) original CDC 844 to IST. Use B Code B0143 | Projected 11/30/09 | Compliance |

| ITEM # | | REVIEW FINDING | RESPONSIBLE PERSONNEL | ACTION TAKEN/PROPOSED ACTION | COMPLETION DATE | FOLLOW-UP REVIEW FINDINGS |
|-----------------|-----|--|-----------------------------|---|--------------------|---------------------------|
| III, 6, a (II) | = | The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff. The review revealed that Unit IV-A supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post. | J. Hill, Facility Captain | Set expectation that Unit II ASU Supervisors contact each officer assigned to each post under their supervision, daily, to ensure each staff member has read and understands their assignment. Provide training to supervisors regarding the aforementioned expectation, and ensure the expectation is clearly documented each supervisor's Post Order. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain. Submit a copy of the CDCR 844 (IST Training sheet with memorandum) original CDC 844 to IST. Use B Code B0143 | Projected 11/30/09 | Compliance |
| III, 6, a (IVA) | IVA | The ACPRB review team toured CCI's Ad Seg units, examined unit documentation, and interviewed unit staff. The review revealed that Unit IV-A supervisors do not consistently ensure that custodial staff assigned to the Ad Seg units read and understand their post order upon assuming their post. | M. Bryant, Facility Captain | Set expectation that Unit IVA ASU Supervisors contact each officer assigned to each post under their supervision, daily, to ensure each staff member has read and understands their assignment. Provide training to supervisors regarding the aforementioned expectation, and ensure the expectation is clearly documented each supervisor's Post Order. Prepare a memorandum approved and signed by the Division Head identifying this item number and the corrective action taken to correct the deficiency and submit it to the Operations Captain. Submit a copy of the CDCR 844 (IST Training sheet with memorandum) original CDC 844 to IST. Use B Code B0143 | Projected 11/30/09 | Compliance |
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**Information Security Follow-Up Compliance Review
California Correctional Institution
December 14 – 16, 2009**

The Office of Audits and Compliance (OAC) Information Security Branch (ISB) conducted a follow-up Information Security Compliance Review of California Correctional Institution (CCI) between the dates of December 14, 2009 and December 16, 2009. The original review was performed in June 2009 and covered 18 different areas. CCI was compliant in 10 areas, partially compliant in 3 areas, and noncompliant in 5 areas. The original overall score was 82 percent.

The follow-up review covered 18 different areas. CCI is now compliant in 12 areas, partially compliant in 4 areas, and noncompliant in 2 areas. The new overall compliance score is 86 percent. The chart below compares the findings of the original and follow-up Information Security Compliance Reviews. Other observations are also noted at the end of the report.

FINDINGS SUMMARY:

| Staff Computers | | Original Score | C/P/N | New Score | C/P/N |
|------------------------|--|-----------------------|--------------|------------------|--------------|
| 1. | Use Agreement (Form 1857) is on file. | 88% | P | 71% | P |
| 2. | Annual Self-Certification of Information Security Awareness and Confidentiality forms are on file. | 48% | N | 93% | C |
| 3. | Information Security Training is current. | 45% | N | 90% | C |
| 4. | Staff can log on using their own password. | 100% | C | 100% | C |
| 5. | Network access authorization is on file. | 92% | C | 94% | C |
| 6. | Physical locations of CPUs agree to inventory records. | 87% | P | 83% | P |
| 7. | Staff CPUs labeled "No Inmate Access." | 85% | P | 100% | C |
| 8. | Staff monitors are not visible to inmates. | 100% | C | 98% | C |
| 9. | Antivirus updates are current. | 63% | N | 74% | P |
| 10. | Security patches are current. | 63% | N | 66% | N |

| Inmate Computers | | | | | |
|-------------------------|--|------|---|------|---|
| 11. | Physical location of CPUs agrees to inventory records. | 100% | C | 88% | P |
| 12. | Computers labeled for inmate use | 100% | C | 100% | C |
| 13. | Antivirus updates are current. | 0% | N | 0% | N |
| 14. | Inmate monitors are visible to supervisor. | 100% | C | 100% | C |
| 15. | Portable media is controlled. | 100% | C | 100% | C |
| 16. | Telecommunications access is restricted | 100% | C | 100% | C |
| 17. | Operating system access is restricted. | 100% | C | 100% | C |
| 18. | Printer access is restricted. | 100% | C | 100% | C |

Overall Compliance: 82% 87%

**Information Security Follow-Up Compliance Review
California Correctional Institution
December 14 – 16, 2009**

OBJECTIVES, SCOPE AND METHODOLOGY

The objectives of the Information Security Compliance Review are to:

- Assess compliance to selected information security requirements.
- Evaluate other conditions discovered during the course of fieldwork that may jeopardize the security of information assets of the facility or of the Department.
- Provide information security training for management and staff.

The ISB did not review any Prison Industry Authority computers.

In conducting the fieldwork, the ISB performs the following:

- Interview members of senior management, information technology (IT) staff, institutional staff, and computer users.
- Ask staff to provide evidence that all authorized computer users have Acceptable Use Agreement forms and the appropriate training support documentation on file.
- Test selected information security attributes of users and IT equipment using three different population samples. This includes both staff and inmate computing environments.
- Review various laws, policies, and procedures related to information security in a custody environment.
- Conduct physical inspections of selected computers.
- Observe the activities of the IT support staff.
- Analyze the information gathered through the above processes and formulate conclusions.

FINDINGS AND RECOMMENDATIONS

The ISB provided a copy of our review guide to your IT staff. It contains audit criteria and a detailed methodology. That information; therefore, is not duplicated under each finding.

ISB's findings and recommendations are listed on the following pages. ISB staff discussed them with management in an exit conference following our fieldwork. Please contact us if you would like to discuss any of these issues further.

**Information Security Follow-Up Compliance Review
California Correctional Institution
December 14 – 16, 2009**

1. The CDC 1857's are not on file for all computer users. (71 percent compliance)

Recommendation: Require all staff users to complete Form 1857 before being granted computer access. All Contractors, volunteers, or visitors who use CDCR computers are required to complete an Information Access and Security Agreement Form (CDCR-ISO-1900) before being granted access. (Department Operations Manual (DOM) §48010.8, §48010.8.2)

Best Practice: Required forms can be found on the Information Security Office's intranet web site: <http://intranet/PED/Information-Security/>.

2. The physical locations of staff computers do not agree to inventory records. (83 percent compliance)

Recommendation #1: Maintain accurate inventory records. Evaluate procedures and resources used to maintain inventory records. (DOM §46030.1, §49010.4)

Recommendation #2: The 5 staff computers must be found within the 30-days of receiving the final draft of this report. The institution must certify, in writing, that the un-locatable computers were found or properly surveyed out. The list of un-locatable computers is shown below.

| Property Tag Number | Computer Make/Model |
|---------------------|---------------------------------|
| 21654 | On file with CCI IT coordinator |
| 22315 | " |
| 22408 | " |
| 24731 | " |
| 25765 | " |

Best Practices: A software solution should be considered to meet the needs of IT staff. Local IT staff should maintain a dynamic inventory; updating the inventory each time they relocate or service a computer. The institution should consider using hand held computers (Black Berry or Treo) to access the help ticket system and to post inventory while in the field. (This feature is currently being developed by the Enterprise Information Systems.)

3. Staff computers do not have up-to-date antivirus software. (74 percent compliance)

Recommendation: Update antivirus software on all staff computers. (DOM §48010.9)

**Information Security Follow-Up Compliance Review
California Correctional Institution
December 14 – 16, 2009**

**4. Staff computers do not have up-to-date security patches.
(66 percent compliance)**

After identifying and taking into account a known Enterprise Information Services (EIS) issue, there were several workstations that were not being properly patched.

Recommendation: Update security patches on all staff computers.
(DOM §48010.9)

5. The physical locations of inmate education computers do not agree to inventory records. (88 percent compliance)

Recommendation: Maintain accurate inventory records of all inmate/ward computers. Evaluate procedures and resources used to maintain inventory records on these computers. (DOM §46030.1, §49010.4)

**6. Inmate accessed computers do not have up-to-date antivirus software.
(0 percent compliance)**

Recommendation: Update antivirus software on all inmate computers.
(DOM §48010.9)

**Information Security Follow-Up Compliance Review
California Correctional Institution
December 14 – 16, 2009**

OTHER OBSERVATIONS:

Observation 1: Several instances of password sharing were observed.

Several stand-alone workstations were utilizing generic and or shard logins.

Recommendation: Passwords shall not be shared. (DOM §49020.10.2)

Best Practice: Emphasize in Information Security Awareness Training that password sharing is prohibited. Create individual login accounts on stand-alone machines.

Observation 2: The due to the recent education cuts, education inventory was moved without proper documentation.

Inventory was understandably inaccurate. Communication with the IT staff is critical to maintain proper records. IT staff should be notified of all computer equipment movement.

Recommendation: Maintain accurate inventory records of all computers. Evaluate procedures and resources used to maintain inventory records on all computing assets. (DOM §46030.1, §49010.4)

Observation 3: No formal notification to IT coordinator of staff employment changes or changes in job duties in *Medical*. As a result, unauthorized persons may have access to the CDCR network or computer applications.

Several non-CDCR accounts within the Medical Active Directory were no longer employees with the department, yet still had network login accounts.

Best Practice: Develop a formal reporting procedure so all staff employment and job duty changes are reported to the IT Coordinator.